RI SOS Filing Number: 202188112140 Date: 1/27/2021 4:00:00 PM

(T)	State of Rhode Island							
Department of State - Business Services D Annual Report for the year: Corporation Filing period: January 1 - March 1 Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by April 1.				livision		e a soon	_	TAMP
				JAN 27 2021 BY 0 0 0 8				
1 Ent	ity ID Number 47744		of the Corporation					
3 Prin	ocipal Office Address 337 Armistice Boulev	ard		City Pawtucke	State RI		Zip 02861-0000	
	NAICS Code 722513 6. Brief description of the character of business conducted in Rhode Island operation of a donut shop State of Incorporation RI							
	ALL officers (names and a	ddresses)	Check the box to indicate an attachment					
President Name Carlos Santos				Vice-President Name Carlos Santos				
	et Address 3 Carlton Lane			Street Address 3 Carlton Lane				
City	Foxboro	State MA	Zip 02035-	City Foxboro		State MA		Zιρ 02035-
Secretary Name Carlos Santos				Treasurer Name Carlos Santos				
Street	Address 3 Carlton Lane	Street Address 3 Cariton Lane						
City	Foxboro	State MA	^{Zip} 02035 -	City Foxboro		State MA		Zip 02035-
	ALL directors (names and	addresses)		<u> </u>	Check t	he box to inc	licate a	in attachment 🔲
Directo	Carlos Santos			Director Name none				
Street Address 3 Carlton Lane				Street Address none				
City	Foxboro	State MA	Zip 02035-	City none		State noi		Zip none
Director Name none				Director Name none				
Street Address none				Street Address none				
City	- none	State none	Zip none	City		State no	ne	Zıp none
	res Authorized	-	10. Shares Issu			he box to inc		n attachment 🔲
This information is currently of record in the Department of State. Changes require an additional filling.						CLASS'SER'ES PAR VALUE		
			100		Common	Common		lo Par
11 Th	ic roport must be executed	on bobalf of the o	ornastias bu sa su	***				
trustee	is report must be executed e, this report must be execu-	ited on behalf of the	he corporation by the	ne receiver or truste	e.			
Under	r penalty of perjury, I deci	are and affirm th	at I have examine	d this report, inclu	ding any accom	panying scl	nedule:	s and
	nents, and that all statem of Authorized Representat		<u>ierein are true and</u>	correct.		Date		
Carlos Santos			President			1/04/2021		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Santo

Phone: (401) 222-3040 Website: www.sos ri.gov